

**IN SEARCH FOR CURING KNOWLEDGE
- THE STORY OF A FEMALE HEALTH
SPECIALIST AMONG THE SHIPIBO-CONIBO
IN THE PERUVIAN AMAZON**

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This article departs from the story of a Shipibo-Conibo¹ woman called Herlinda. She lives in the Native Community of San Francisco de Yarinacocha, which is situated approximately one hour from Pucallpa. Herlinda is a *masajera*, which implies knowledge to cure through the use of massage, medicinal plants and pharmaceutical drugs available at pharmacies. She decided to become a *masajera* 30 years ago and is training since 1998 to become a shaman.² Herlinda did not have a formal teacher in order to become a *masajera* and this article explores, first of all, how she obtained the curing knowledge she possesses and secondly, how she relates to this knowledge within a sociocultural and economic world.

Many Shipibo-Conibo I met, including Herlinda, mention the poverty when talking about health issues, which shows that to them it necessarily affects the

¹ Over sixty different indigenous groups inhabit the Peruvian Amazon and the Shipibo-Conibo is one of them. The Shipibo-Conibo comprise approximately 30,000 individuals and live along the Ucayali River and its tributaries. Their language, Shipibo, forms together with 30 other languages spoken in Peru, Brazil and Bolivia, the Pano linguistic family (Morin 1998:279).

² In San Francisco I know of at least one other case of a woman, besides Herlinda, who is training to become a shaman. I do not, however, know of any Shipibo-Conibo women who presently work as shamans.

working of this health care system. The amount of money a person has or is able to borrow determines to some extent the alternatives when seeking medical help. Furthermore, the Shipibo-Conibo I spoke to expressed that they often feel discriminated at the hospitals because of being 'poor' and 'different'. Even if unhealth in itself leads to suffering, not having money or being discriminated because of ones' lack of it when seeking medical help, lead to more suffering and more unhealth (Coimbra et al. in this volume). Surprisingly enough, some of the interviewees also felt similarly discriminated while contacting specialists within the Shipibo-Conibo medical system. A woman said, for instance, that it is often up to the shaman if you recover or not. If you do not pay him as much as he wants you to, he will not try hard enough; he may give you some kind of treatment but only to compensate for the little money you have given him. To have a good relationship with specialists within the health care system at large (including both the biomedical and the Shipibo-Conibo medical system) is one way of reassuring oneself that one will not be discriminated. The establishment of relationships of co-parenthood with mestizos and foreigners, who can help economically when ones' children fall ill, is another strategy. A third strategy is the one Herlinda, amongst others, chose and it consists in learning to cure oneself so as not to be dependent on the help from specialists. Herlinda decided that she would learn to treat illnesses when her first child was ill and when she felt that the specialists did not want to help her because of her inability to pay. Thereby, her choice to become a health specialist grew out of her negative experiences as the mother of a patient.

Herlinda, the *masajera*

I went to Herlinda's village for the first time in December 1997 because I had been told that it would be

interesting for me to interview her. She was known for being a good *masajera* who could help in all kinds of situations. Some people said, for instance, that a Swedish woman, who believed she was sterile, got pregnant shortly after Herlinda had given her treatments. I had also been told that Herlinda's methods consisted in the use of medicinal plants, massage and that she sometimes sang *icaros* (magic chants). When I arrived in the village I was invited to a house used for meetings and while I was sitting there watching a dancing exhibition, a woman about 50 years old approached me. She was wearing the typical Shipibo-Conibo dress – a skirt in black with symmetric, colourful embroiders and a colourful blouse. She had long black hair and a fringe that was cut right above the eyes. This was Herlinda. After the meeting I was invited to her house, which looks like most other houses in the village. They are all made of wood, with palm leaf thatched roofs and most of them consist of a platform with walls around only a part to form a room where the inhabitants sleep. The rest of the platform is left open, like a terrace, for sitting during the day. The cooking house is a couple of meters behind the living house.³ Herlinda lives together with her husband and her five youngest children. Her mother, father, older children, grandchildren, matrilineal aunts and their husbands live in the neighbouring houses.⁴ Herlinda was born in

³ According to Roe (1982:37) and Follér (1990:27) neither Herlinda's house nor most other houses in the village are 'traditional' since they have walls, while houses formerly were entirely open.

⁴ According to Roe (1982:38) the Shipibo-Conibo communities in the past used to consist of one or a couple of communal houses, *malocas*, each of which contained an extended matrilineal family. One of the effects of the rubber boom (in the late 19th to early 20th century) was that this type of household organisation was abandoned and that the present hut style consisting of one hut for each nuclear family was adopted from the rural Peruvians. However, even if the Shipibo-Conibo extended matrilineal

San Francisco while her husband is from another Shipibo-Conibo village, just as the post marital matrilineal residence system suggests. They married when they were about 13 or 14 years old and like many other Shipibo-Conibo couples of their generation they have had 10 children but have also lost some of them from diseases.

The Shipibo-Conibo's subsistence is constituted mainly by fishing, hunting and swidden cultivation with manioc and bananas as staple products. The men usually take care of fishing, hunting and clearing of the *chacras* for cultivation, whereas the women cultivate and cook. Money is needed in order to buy tools, schoolbooks and medicine, which has led to the need of income generating work as well. Since mid nineteenth century many inhabitants of the Amazon have been incorporated in different kinds of economic activities to exploit the natural resources. Today, as far as I could see in the area of Pucallpa, even if the husband is working in one of these enterprises, the main income of the family is gained by the selling of handicraft made by the women. This concurs with Illius' (1994b:220) observation that a Shipibo-Conibo woman is able to gain more money by selling handicraft done during a week's work, than a man would earn from a month's employment.

In Herlinda's family, her husband is a fisherman and does not receive a salary. Herlinda cultivates the *chacra*, which is about half an hour's walk from the compound, and she makes handicraft that is sold either in the village, whenever a tourist is visiting, or in a city whenever she or another female family member goes there. The handicraft is done collectively by the women

families do not live together in the same house any more, the members most often live in proximate houses, like in the case of Herlinda and her family.

within the extended family consisting of as many as four generations; even the youngest grand children collaborate. This handicraft is stored together in a common bag and the money earned from it goes to the household.

Medical treatment of people outside the family may also generate income for specialists, such as Herlinda. As most Shipibo-Conibo women, Herlinda has a small garden with medicinal plants. She receives patients in her house and they seek her up at all hours of the day. The reason for their visits may not only be illness but also problems in love, luck or work. She gives massages in practically all her treatments and most often also some herbal medicine and/or pharmaceutical drugs. The massage reminds of the techniques of acupressure and is usually quite painful at first. As the tensions and dislocations are released the pain decreases.

Learning curing knowledge

When Herlinda was a child the shamans used to look at her hands and say that she had 'rings' on her fingers. According to them this meant that she had an inborn ability to cure that would show itself when she got older. Only the shamans could see the 'rings' that were described as an optical phenomenon. One of Herlinda's daughters was six years old at the time of my first fieldwork. She was very much like Herlinda in many ways, both physically and in her behaviour and I imagined that Herlinda had looked like her when she was of her age. When Herlinda was making handicrafts, her daughter would sit next to her and do the same. When Herlinda did massages, she would sit and watch with great attention. Sometimes the daughter even asked Herlinda if she could try to give massage on Herlinda's patients. Her interest in learning the things that Herlinda knows was obvious and when I asked

Herlinda if she would like to have an apprentice, her answer was that she already had one – her six-year-old daughter. Trying to understand what having ‘rings’ on one’s fingers meant I asked her if her daughter also had them, trying to see if it was a quality that would go from one generation to the next. Herlinda’s answer was that she could not tell; she was not able to see if a person had ‘rings’ or not but believed that her daughter might get them if she learned the knowledge that is required for being a *masajera*. It is, thus, believed that to have ‘rings’ on one’s fingers is a characteristic that can be both inborn as well as acquired by learning.

On another occasion Herlinda spoke about how ill she had been when she was very young. Her parents had taken her to several shamans who had tried to help her, but none of them could see what was wrong. They had used many kinds of treatments to no avail. She had to follow a diet (*sama*) while taking medication, which is similar to the kind of restrictions apprentices have to follow in order to learn the powers and knowledge of a shaman and *masajero*.⁵ Herlinda said that when she was ill she had, in a sense, gone through some parts of the training an apprentice does and she suggested that maybe this was how she had learned. Because of the seriousness of her illness and the difficulty for the shamans to cure her, she had for example been obliged to try various different medicinal plants, which is included in the training to become a shaman as they

⁵ Both a shaman’s and a *masajero*’s knowledge comes mainly through the contact with the *madre/maestro* of medicinal plants which are attracted to the apprentices through certain practices. The *masajero* apprentice follows a food restriction (*sama*) consisting in the avoidance of for example salt, sugar, fat, warm and cold food and certain kinds of fish and meat. In the case of the shaman’s apprentices the adherence to rules such as social and sexual abstinence are also necessary. Their diet is called ‘*sama cushi*’ (strong diet) (Follér 1990:121).

thus come in contact with the *madre/maestro*⁶ of the various plants that are experimented. Her experience as a patient to several shamans further meant that she was able to observe their work in detail and learn from it.

Herlinda's story about how she became a *masajera*⁷

1 I am going to tell you how I became a *masajera*. I'm going to tell
2 you what I have learned. At the time I got my first child and he
3 had a lot of diarrhoea, I didn't know what massage was. I went
4 to the shamans but they wouldn't treat him without receiving
5 money and they charge a lot, even the Shipibo shamans. I was
6 very sad and cried. My child had diarrhoea with blood and
7 phlegm and I started to think that maybe I could learn how to
8 cure and how to give massage. I prayed to God that he would
9 help me learn to massage. I bought menthol-oil and put it on my
10 hands. All the shamans said that this was how they had learned.
11 When I was a child my mother used to put tiger fat on my whole
12 body and even on my hands so that I wouldn't get ill. Maybe
13 that's how I got my knowledge. I massaged my son as I prayed
14 to God and thought that even if my hands did not know how to

⁶ The *madre/maestro* is the inner quality of a medicinal plant and is considered to be the curing agent (Follér 1990:127). The terms *madre* and *maestro* are used interchangeably and refer to the same quality. From here on I will write *madre/maestro*.

⁷ The line numbers are used as references in the following analysis.

15 do it, I had to try. After two massages the diarrhoea stopped
16 and then I knew he would be fine. That made me very happy.
17 My friends and my husband said to me that now you know how
18 to cure and my husband asked me to do massage on his neck. So
19 I did and it helped him a little. He had woken up with a stiff
20 neck. Even my brother came to me for help.

21 Sometime later I went to Tingo María (a city in the Peruvian
22 Andes) to sell handicraft. We were three women and one was
23 over 50 years old. It was a long journey by bus and the woman
24 probably hurt herself during the trip. She got diarrhoea and
25 aches in her stomach. I could massage a little at that time and
26 asked my cousin (who was the third woman on the trip) how we
27 could cure the woman. I thought that if she got well, I would
28 become a masajera. She was really bad and I massaged her
29 stomach. I went out and got some pion leaves, cooked them,
30 bought two Terramicina pills (broad-spectrum antibiotic) and
31 gave it to her. She lay down for more than half an hour and
32 thereafter she felt a little better. This made us very happy. The
33 woman in the house where we were staying was watching while
34 we were doing the treatment and she asked us if we were
35 shamans.

36 – No, we are masajeras, I answered.

37 We went out to sell our handicraft. When we came back another
38 woman in the house was ill. She was bleeding. Her husband
39 asked us to try to help her and I gave the mestiza a treatment.
40 She got a little better. Thereafter they took her to the hospital
41 and asked me to go there and do some more massage. In that
42 way the neighbours got to know me and they asked the woman:

43 – Who gave you massage?

44 – She, the Shipibo woman, the woman answered.

45 Her husband worked at the hospital and another man gave me
46 a room so that I wouldn't need to sleep on the floor and so that I
47 would be comfortable – almost as if I was a doctor! (Herlinda
48 laughs) And I could sell handicraft even better. At the hospital
49 they also gave me some meat and rice to make soup.

50 Five days later I met a woman that wandered around like she
51 was crazy. She told me that her husband was ill. His stomach
52 was swollen. He had fever and couldn't go to the toilette. She
53 asked me if I could do something because she could see that I am
54 a Shipibo and thought that Shipibo usually know about
55 medicinal plants.

56 – No, I don't have that kind of ability, I told her.

57 – Please follow me home, she said.

58 She cried a lot and was very sad, which we all are when our
59 kinsmen are ill.

60 – OK, I will follow you, I said.

61 – We don't have any money, the police has taken almost 8,000
62 dollars from us and beaten my husband and pushed him down
63 from someplace high, maybe to kill him!
64 Her husband was involved in the selling of narcotics. He was
65 injured in all his body and because of a susto⁸ he was swollen.
66 He also had fever. Since it was early in the morning they gave
67 me some breakfast and a place to sit. When I then saw the man I
68 thought that he wasn't going to get better and that I didn't want
69 to touch his body. I was there alone and I was afraid. I asked
70 the man how he got ill. He told me that he had yelled and that
71 they had taken his money.
72 – I am going to die, he said.
73 I thought of Jesus, Jehovah and Virgin Mary and said that if
74 God wants it he will get well. If God doesn't, he won't. I told his
75 wife to get some Menthol nr 2., Antalgina, Sal de Andria and
76 Dolocontrala from a pharmacy. I boiled a papaya leaf, two pion
77 leaves, mint and camomile. I mixed it all and told him to drink
78 even if he didn't feel like it. I started to do the massage with
79 menthol-oil. His children helped him to sit up and he let a lot of
80 gases come out. I made massage once more and told his wife
81 that if the man was better the next morning she should come
82 and get me. After that I went to sell my handicraft. I thought a
83 lot of the man and that he might die. I prayed before I fell asleep
84 and at four o'clock in the morning someone knocked at the door.
85 At first I thought that it could be thieves. But it was the woman
86 who was calling my name. I got afraid because I thought the
87 man maybe had died and that it would be my fault, because I
88 had touched his body. She yelled:
89 – Masajera, I need you immediately!
90 I went up and opened the door. Then she told me that she was
91 happy because her husband was feeling a little better and that
92 she was there to pick me up. My friends asked me if I wasn't
93 afraid to follow the woman without them coming too. I said yes,
94 but there wasn't any more room on the motorbike. I gave him
95 the same treatment again; he talked now and thanked me for
96 having saved his life. He said that it was God who had sent me
97 to him and that we, Shipibo women, know a lot and that it's why
98 we live so well. Two days later the woman came to pick me up
99 again and the man could walk and go to the toilette now. After
100 that I never went there again. The woman had told me that they
101 didn't have any money to give me, but I didn't care. If they
102 didn't pay, God would help me in another way.

⁸ For an explanation of *susto*, see further back in the article.

103 *Two months later I went back to Tingo María together with my*
104 *mother and my cousin. The man whom I had helped earlier was*
105 *eating at a restaurant and he recognised me. He called at me*
106 *and asked me to come to him.*
107 *– I owe you so much! He said, took my hand and asked me to sit*
108 *with him.*
109 *I introduced him to my mother and cousin. He asked me if I was*
110 *hungry.*
111 *– Yes! I said and he gave us fried chicken, lemonades and beer*
112 *because he had a lot of money. He also gave me 50 soles, which*
113 *was a lot of money at that time. The man thanked me once*
114 *again. The following day he picked me up because his little*
115 *daughter was ill. Everybody wants to get well in Tingo María.*
116 *That’s why I want to go there, but I can’t because I have so*
117 *many children.*
118 *Another person I cured was my uncle’s little son. When his*
119 *wife was pregnant she bent down to pick up a hen and I think*
120 *the child got injured inside her belly. When the child was born*
121 *he had blood in his nose, mouth and eyes. His father took him to*
122 *different shamans here in San Francisco, to let them see the*
123 *child through ayahuasca⁹. But the child got only worse and*
124 *worse. He was crying all the time and they thought he was*
125 *going to die. Someone said:*
126 *– Go to Herlinda. I think she is a child masajera..*
127 *– OK, I will go to her, but the child will probably die there, my*
128 *uncle answered. The child’s eyes were already up and they*
129 *didn’t think he was going to get well. It was three o’clock in the*
130 *afternoon when they came to me. The child was two weeks old*
131 *at that time. I had been at the chacra to get some manioc and*
132 *bananas and I was cooking. The child’s mother and father were*
133 *coming in my direction and I thought they were going to my*
134 *brother-in-law Mateo (who is a shaman), but they stopped at*
135 *my house.*
136 *– Come here, I said, sit down. What’s the matter with your*
137 *child?*
138 *– We are coming to your house to let him die, my uncle*
139 *answered.*

⁹ *Ayahuasca* (*Banisteriopsis* sp.) or ‘*nishi*’ in Shipibo is the name of one of the psychoactive plants most commonly used by the shamans in the area. The vine is collected and prepared together with other plants into a beverage that is ingested during *ayahuasca* sessions (*nishisheate*) for making diagnosis and for understanding the causes of an illness or misfortune.

140 – No, why haven't you taken him to the shamans? I don't take
141 ayahuasca nor do I smoke tobacco. I don't know anything. Go to
142 Mateo.
143 – Yes, but we have already been there. Mateo has already taken
144 ayahuasca and our son doesn't get well anyway. They have told
145 me to come here.
146 – OK. If it's God's will, he will get well, since I don't know
147 anything... I shall try.
148 The child was very ill and I thought he wouldn't get better. I
149 gave him massage all over his body. This is important when you
150 give massage to a child. There are special medicinal plants for
151 children. I asked my husband to help me and get some plants,
152 light the fire and boil them quickly. Mint, a little lemon leaves, a
153 new mango leaf, one toronja and malva. I also poured some
154 lemon juice and a drop of agua florida (lavender water with the
155 smell of lemons). I gave it to the child to drink. Maybe he was ill
156 because he had swallowed some of the placenta. His stomach
157 needed to be cleaned out. That's why I gave him these medicinal
158 plants. After that I sat him up and he got some gases out and I
159 think that the pain got lesser. The child hadn't breast fed for the
160 last two days and he was dying. He stopped to cry and fell
161 asleep. I told the parents not to touch the child to see what
162 would happen. After that I gave my uncle and his wife some
163 food because when someone is ill we don't want to eat.
164 At half past five they left with the child. When I was sleeping
165 and there was a noise outside I thought that maybe the child
166 had died. My husband had told me that I would kill the baby. He
167 was afraid that touching a child would kill it. I had told my
168 uncle to come back with the child at eight o'clock in the morning
169 if he was better. At nine o'clock, when I was on my way to the
170 chacra I saw the child's mother coming. I shouted at a distance:
171 – How is he?
172 – A little better, he hasn't cried, he has slept well and he doesn't
173 bleed any more, she said.
174 – Bring him to me. I shall give him massage twice more.
175 He got his medicine again and got better. Today he is as big as
176 my boy is, the one playing over there (she points at her four
177 year old son).
178 I have already cured many people in the village and in the city.
179 All my neighbours know me. In Lima as well. The more I cure,
180 the more they seek me up. I don't charge any fee unless they can
181 pay. And they are happy because of that. The shamans didn't
182 want to help my children and me. That's why I think the way I
183 do. Sometimes Shipibo come to me, even if they don't have any
184 money. I tell them that I will help them because one who knows
185 must give help. The shamans want the money first, and then

186 *they treat. But when a Shipibo is ill, he doesn't have any money.*
187 *The worse we have it in our kitchen without soap and sugar, the*
188 *sicker we get. Shipibo don't have anything, what am I going to*
189 *ask for? Sometimes they feel ashamed and can't ask me for help.*
190 *Sometimes they sit over there and don't dare to come here. But I*
191 *am different, a woman with a large will. I take care of the*
192 *quickly when they have come to me.*

Herlinda's first experience of *ayahuasca*

A shaman had come to San Francisco from a community far away to see some relatives. According to Herlinda he was a 'real' shaman in comparison to the shamans in her village. She had spoken several times before about her opinion that shamans from other villages than her own were not as eager to earn money as those from San Francisco. A 'real' shaman, she said, would not ask for money in compensation for his work; he would accept any gift that would be given to him, like clothes or soap, but would not expect the patient to give anything.¹⁰ Herlinda told me to come to her house to meet the shaman and to participate in an *ayahuasca* session that he was going to arrange. The session was performed at Herlinda's house. When it was dark enough, around nine o'clock, the shaman said that it was time to start. We placed ourselves on the house's open part while Herlinda's husband and children went to sleep in the inner room. The shaman began by preparing the *ayahuasca*. He poured some of the beverage in a cup, put it close to his mouth and whistled (*icarar*) in it before giving it to a participant to drink. This procedure was done until all participants had received their share and he was the last one to drink from it. The tobacco was lightened in a pipe, the shaman started to smoke and about fifteen minutes

¹⁰ I have not investigated whether there are any differences between how the shamans in San Francisco and those from other communities work.

later he started to sing his *icaros* (magic chants). Although we only could hear his voice, he was not singing alone but with all attending spirits and the *madre/maestro* of the *ayahuasca* (see Gebhart-Sayer 1985:162). At this point everyone but the shaman was lying down without talking and this was to be going on for a couple of hours. In the middle of the session the shaman gave Herlinda a treatment consisting of sucking out the aches she had in her back and spitting it out of the house. If any of the participants would have been experiencing unpleasant visions, the shaman would have broken in and calmed the visions down by blowing tobacco smoke and singing especially for this purpose. However, at this occasion no one felt uncomfortable. The session was finished at two o'clock in the morning and we all went to sleep.¹¹

Herlinda's first experience with *ayahuasca* was a disappointment to her because she did not 'see' anything (nor did any of the other participants, as far as I know). The possible reason for why a person does not have any visions are several. It may have to do with the quantity of the beverage that was taken, if the preparation was done improperly or if any of the participants of the session have not taken the precautions that are necessary for attracting the spirits, such as abstaining from sexual activity the night before, not menstruating and not eating certain things

¹¹ At other *ayahuasca* sessions I attended, the shaman gave each participant a treatment that consisted of sitting in front of the person while singing, as well as pressing gently on his or her head and chest. At some occasions the shaman would do an inhalation as if sucking out something from the top of the head of a person, hold it in and then exhale it back on the same place. However, as in the session that has been described above, touching may not necessarily occur between patients/participants and the shaman during an *ayahuasca* session. Luna (1992:253) describes for instance sessions where Shipibo-Conibo shamans treated patients who suffered from malaria without touching them.

(Cárdenas 1989:202, Arévalo 1985:155). Some people told me that it is very much up to the shaman if the participants of an *ayahuasca* session have visions or not. This is partly due to the shamans' ability to sing but also due to if the shaman wants you to 'see' or not.¹² In some cases the lack of visions was said to be the result of the work of other shamans who managed, by spiritual means, to maintain the participants out of visions, often because of jealousy.

The dream and the decision

I left Yarinacocha during a month and when I returned Herlinda told me that she had been on a *sama cushi* (strong diet) prescribed by an old shaman in the village. She had problems with her hands and had turned to him for help. He said that shamans who were jealous had caused her pain; she had been having more and more patients coming to her and some shamans were obviously not very happy about it. During the treatment she was not allowed to do massage or eat certain things. This treatment had helped her, she said. By the end of the month she had a dream. She was walking towards the shaman's house and saw at a distance that he was sitting there. When she got closer she saw that he had many different kinds of medicinal plants around him in a circle. He told her to come closer. When she was really close he put his hand inside his shirt, took out a piece of paper and gave it to her. Then she woke up. I asked her what the piece of paper had symbolised; Knowledge,

¹² I felt that this discussion was not possible to bring up in this particular occasion neither with Herlinda, because of her respect for the shaman, nor with the shaman himself because that could have been interpreted as a questioning of his abilities or intentions. Furthermore, it happened now and then that the participants of a session did not have visions, so this was neither the first time nor the last.

she answered. The day after having the dream she had gone to him to tell him about it. He did not seem surprised when she told him, as if he had been expecting her and said that she was ready to become a shaman's apprentice.

A couple of days before I left Peru in May 1998, Herlinda told me about her decision to become a shaman's apprentice. She asked me when I would come back and as I said that it would be approximately two years from then, her comment was; "Maybe I will be a shaman then".

One and a half year later

I returned to Peru in January 2000 for two weeks and I saw Herlinda again. We had not been in contact after I had left, but I had heard about her through people who had visited San Francisco while I was gone. I knew, for instance, that Herlinda's mother had been very ill for a couple of months and that everyone thought that she would die. She had problems with her heart and had been hospitalised for two weeks. Now she was back in the village and Herlinda was taking care of her. On the second day after my arrival to Yarinacocha, Herlinda came to the house where I was staying. I could see that she was not happy, partly because of her mother's illness, but also because of conflicts between people around her. Her brother was running for the congress in the national elections and the situation was very tense between the supporters of the different candidates. All conversations returned to this issue. By the end of my stay the conversations about politics started to fade out, though, and it was easier to talk with Herlinda about her work as a *masajera* and her subsequent training to become a shaman. The following interview is on this subject.

Interview with Herlinda in Yarinacocha

149 *María: It was one and a half years since I left and I would like*
150 *to know about your work during this time.*

151 *Herlinda: I have given massage to almost 35 persons last year*
152 *and I am learning more and more each year. There was for*
153 *example a young man who had been in a serious car accident.*
154 *He was very badly injured and had been to the hospital in Lima*
155 *but couldn't be cured properly. His mother came to me and*
156 *asked me to give him massage, which I did. His whole body*
157 *ached. It was quite easy for me because I know how to move*
158 *bones. Today he is feeling better. I gave him massage four times*
159 *and since then he is getting better. I haven't gone back to him*
160 *again.*

161 *All come to me, especially mothers with young children. They*
162 *don't have any money to go to the shamans. A shaman would*
163 *take 40 soles (approximately 14 US dollars) for a massage, even*
164 *from someone who doesn't have any money. I don't charge*
165 *them, not even a sol. I have learned that I should help the*
166 *Shipibo community because we don't have the economy to*
167 *sustain ourselves. I believe in being a person with a large will in*
168 *helping others. One who has fallen ill doesn't have anything.*
169 *That's why I don't want to charge. I know how it is to have*
170 *nothing.*

171 *But I only help if they come to me; I don't go looking for*
172 *patients. Sometimes I sell some of my little things. That's the*
173 *help I get from Jesus Christ because I have helped the sick.*
174 *Sometimes the natives want to pay me 50 céntimos or 1 sol, but*
175 *I say no to them. For one single sol they can get a couple of pills*
176 *of Dolocontrala. That's what I tell the Shipibo. That is the reason*
177 *why so many come to me.*

178 *Because I was giving so many massages someone harmed me*
179 *so that I couldn't massage (she shows her hands). But I cured*
180 *myself with medicinal plants. When people came I had to tell*
181 *them that my hands were not good and that I couldn't do*
182 *massage, but that they could come back later.*

183 *M: Who may have done harm to you and why?*

184 *H: Because the sick persons don't go to the shamans since they*
185 *charge so much. Sometimes the shamans don't want to help a*
186 *person who can't pay. They think that I charge just as they do*
187 *and they don't know that I give treatment for free, which is the*
188 *reason why so many people come to me. There was for example*
189 *a young man who had fallen from a tree and went from shaman*

190 to shaman to shaman but didn't get better. He came to me and I
191 asked him:
192 – How many shamans have given you massage?
193 – Three! He answered. And it still hurts a lot.
194 He was swollen in his hands, in his stomach and in his spinal
195 column. I gave him four massages and thereafter he hasn't come
196 back because he is feeling well now. There was also a woman
197 who came because she was bleeding. I gave her massages
198 around her lower abdomen. She got well. There was a little boy
199 who had fallen from his hammock and he was seriously ill. I
200 gave him a remedy made of plants to drink and massage. He
201 also got well.
202 That's how I am learning more and more. There was another
203 woman who had such headaches that she wanted to cry. I cured
204 her as well with massage. My children say to me that I am the
205 best doctor of my village (she laughs) and say:
206 – Charge at least one sol, mother, so you can buy your bread.
207 (H. laughs)
208 But I say to them that I don't want to charge because people
209 don't have any money.
210 M: But you charge the mestizos.
211 H: Yes, sometimes they wish to give. They ask me how much
212 they owe me and I answer that it's up to them. I can't tell them
213 to pay. The mestizos say to me that they come to me because I'm
214 a good woman, that I am honest and that I am not a person
215 who lies.
216 – You help us and you don't charge, they say.
217 They thank me a lot. I let them come into my house, they sleep
218 here and I give them some food. That's how I'm doing it this
219 year.
220 M: Are you using other methods than before?
221 H: I am learning more and more by practising. I have been on a
222 diet for three months and my hands are getting better. Before
223 they didn't cure (from the harm that had been done to her). Now
224 they are getting well with the vapour from medicines¹³. My
225 knowledge is growing bit by bit and I would like to dedicate

¹³ A *masajero* often treats his or her arms and hands with the vapour from boiling certain plants in order to come in contact with the plant teachers (*madre/maestro*). This could be seen as the equivalent to the shaman's use of *ayahuasca*, since the *madre/maestro* often come to the *masajero* in dreams after this practice and give further instructions for how to continue the search for knowledge (Cárdernas 1989:175).

226 myself to it. I haven't taken so much ayahuasca because my
227 stomach hurt and I was afraid that it might do me harm if I
228 drank too much. I have taken ayahuasca about 15 times. But this
229 month I will try it again.

230 M: Have you taken ayahuasca with a shaman?

231 H: Yes, with my uncle Ricardo Vargas and I will take it with
232 him again. He has asked me to take it with him because he likes
233 me to learn more and to work together with him. He would like
234 to teach me and I would like to learn everything.

235 M: Are there any women shamans?

236 H: No, there aren't any. That's why I would like to learn and
237 become a woman who knows. Sometimes women are afraid of
238 men. The shaman asks questions but the women feel shy and
239 prefer to be treated by a woman. Sometimes women are afraid
240 that the male shaman may touch their breasts or something like
241 that. That happened to a mestiza and to my friend Beverly too.
242 Another friend, Federica from the USA, went to a shaman and
243 he gave her a treatment. After the treatment the shaman
244 hugged her and tried to touch her. She said to me that she would
245 never go to a Shipibo shaman again. (H. laughs) Federica was
246 so afraid. She phoned me (by the community telephone) and
247 said that her head still hurts because of what my uncle (the
248 shaman) had done to her and she says that I should have
249 treated her instead.

250 M: Why do you think that there aren't any women shamans?

251 H: I don't know... It's because they don't want to learn. But I
252 would like to.

253 M: Could a woman become a shaman?

254 H: Yes, when she has learned.

255 M: Could a young girl become a shaman or would she have to
256 be older, like you?

257 H: A young girl can learn if she dedicates herself to it and only if
258 she wishes to.

259 M: What's the name of the shaman that is helping you?

260 H: Ricardo Vargas. I would like to work with him. He is a good
261 shaman. He would like to share the money he gets from his
262 treatments with me. He says to me that we should work
263 together. He doesn't know so many mestizos. I have a lot of
264 friends. Maybe that's why he would like to work with me. I have
265 a lot of friends even in Lima. They come to me. I like to make
266 friends and to help all kinds of people.

267 M: Are there any people that call you a shaman or do they say
268 masajera?

269 H: They call me masajera and say she is a masajera and she
270 knows how to do massage more than most other people in this
271 community.

272 *M: Are there any other masajeras in San Francisco?*
273 *H: Only among the shamans: Mateo Arévalo, Lúcio Muñoz,*
274 *Sebastian Bardales, but people rarely go to him. I don't know*
275 *why. Sometimes the shaman masajeros come to me. We help*
276 *each other. Sometimes I go to them. One can't give massage to*
277 *oneself. One has to ask someone else to help.*
278 *M: Do the shamans in San Francisco have apprentices?*
279 *H: Some of them have. But when they don't they come to me for*
280 *help. Like Mateo Arévalo. Sometimes he has too many patients*
281 *and asks me to go and help him to treat his patients. It's the*
282 *same when people come to me and I can't help them because I'm*
283 *not a shaman. I can't fool them so I take them to Mateo. I have*
284 *taken four persons to his house this month and my friend the*
285 *mestiza is there right now.*
286 *M: Your mother was ill and she was at the hospital, wasn't she?*
287 *H: My mother was in the hospital and she was really bad. I was*
288 *only giving her massage and blowing with agua florida and she*
289 *was really dead. People were watching how I was treating my*
290 *mother and asked me how I was doing it.*
291 *– Your mother was really bad yesterday, they said. And today*
292 *she is even sitting up. What did you do? You're a woman*
293 *shaman! They said.*
294 *I didn't tell them how I had done it because I hadn't done*
295 *anything special. They said that they saw that my mother was*
296 *dying before but that she is much better now.*
297 *– You really know! You should help us too, the mestizos said.*
298 *I answered them that if they would like to have my help I would*
299 *help them. If they don't ask me I wouldn't help because that*
300 *could harm me...my hands. Sometimes sick people give us*
301 *illnesses. If you can't see what a person has, you shouldn't touch*
302 *his/her body. Therefore I said that I didn't know anything.*
303 *There was another woman at the hospital that had been*
304 *vomiting for almost 15 days. She had fever and wasn't eating.*
305 *Her husband cried and her children were sitting there with her.*
306 *She wanted to die. When I was treating my mother, the*
307 *woman's children were watching what I was doing. They said:*
308 *– Please do it on our mother as well. We will give you something*
309 *for it.*
310 *The woman was dying because she was vomiting and vomiting.*
311 *She had been to several hospitals. I gave her massage on her*
312 *stomach, deep into her stomach and she had mal aire¹⁴, susto*
313 *and lisiado (bone injury or dislocation). I gave her a lot of*

¹⁴ For an explanation of *mal aire*, see further back in the article.

314 *massage and prayed. Then she vomited a lot. I got scared*
315 *because of her vomiting, but then it stopped. I think my massage*
316 *made her vomits stop. She slept the whole night and in the*
317 *morning I gave her another massage and she did not vomit*
318 *anymore.*
319 *– Ah, you knew how to do it, but you didn't want to help me!*
320 *Her husband said.*
321 *Two days later the woman had started to eat again. Her*
322 *stomach could retain the food now.*
323 *M: And those who work at the hospital, what do they think?*
324 *H: Those that worked at the hospital said to me that I should*
325 *stay and treat the sick.*
326 *– I can't work without a salary, I answered. Because in Lima*
327 *they also wished me to stay, but how would I leave my children?*
328 *Someone has to give them their food. Therefore I didn't want to*
329 *stay in Lima. Sometimes they would like me to stay up to five*
330 *months. But I would only stay for two weeks and then come*
331 *back again. My friends in Lima say to me:*
332 *– Stay, you are happy here!*
333 *But I come back; I have my work here. This is how I am. I don't*
334 *want to have any money myself. I would like other people to*
335 *have too. When I have money I share it with others. Sometimes*
336 *the women in the casa de mujeres ('women's house' where the*
337 *women's organisation in the village has its' meetings) wait for*
338 *me and feel desperate when I am not here. I sell some*
339 *handicrafts for them while I'm gone and they are very grateful*
340 *for that. We all have children and need money at least for soap*
341 *so that we can wash our clothes.*

Another one and a half year later

In August 2001 I returned ones again to San Francisco and expected to find Herlinda there. To my surprise she had left the village and gone to Lima where she now was working. Her husband had also been there for a couple of months. Her oldest daughter and younger children were still in San Francisco, though. They told me that she lived in a house down town were most other Shipibo-Conibo in Lima live and that she had made friends with many people who also were her patients.

A couple of weeks after my arrival, Herlinda came to Yarinacocha, unexpectedly, together with a friend of hers from Lima. They were only going to stay for the weekend and the purpose for this short visit was that her uncle, Mateo Arévalo the shaman, was going to give treatments to her friend who suffered from chronic headaches. Herlinda had tried to cure her with *ayahuasca* sessions, but it had not helped. I participated in the sessions held by Mateo Arévalo in which Herlinda sang and took *ayahuasca* together with him and functioned as an assistant. But even though this reencounter was interesting we did not have time to speak very much about changes in her life. For this reason I decided I would go to Lima to meet her there before leaving for Sweden. A couple of weeks later and before I left Yarinacocha her brother came to visit me. He told me that Herlinda had been on the television several times and that she had become famous for her work in Lima. She had a cellular phone now, so that her patients could call her and make appointments. She had also moved and was now living in a fancy area together with her mother, father, brother, niece and son. A German friend who was not in the country was lending them the house.

Unfortunately her mother was sick again, and worse than she had ever been. Herlinda had persuaded her to go to Lima and stay with her. She said that she was able to pay for the medical examinations that were necessary in order to get a diagnosis. Her mother followed the advice and had left San Francisco for Lima. In Lima she had been told after several weeks of being hospitalised that she suffered from tuberculosis and would have to undergo several years of treatment. Finally, in October, I got the opportunity to meet Herlinda, her sick mother and the rest of their family who were staying in Lima. The following interview was done at their 'new' home.

Interview with Herlinda in Lima

295 *María: I would like to know a little about what has happened*
296 *since I left.*
297 *Herlinda: I came to Lima. I've been here almost 8 months and*
298 *my friends brought me here to work, do massages, handicraft,*
299 *make broidery on cloths and that's what I'm doing here. I'm also*
300 *taking ayahuasca, curing people and when sick people come I*
301 *receive them. I do treatments with massage, curing and sing*
302 *songs for the susto that people have got. I have been on diets for*
303 *these kinds of things. And I need to learn more and more to do*
304 *good to people. People become ill and they cure when I do with*
305 *my hands and people in Lima like massages, songs...to relax.*
306 *When I do massage I place their little bones and they get happy.*
307 *Because sometimes they even come after being at the hospital*
308 *for two, three months without getting well from their pains, so I*
309 *do massage where it hurts, because one has to put the little*
310 *bones back on their place. And they leave relaxed. That's how*
311 *I'm doing treatments.*
312 *I also accompany my uncle Ricardo the shaman. I take*
313 *ayahuasca with him and we cure the people that come. I*
314 *accompany him. I also do treatments on my own when he's not*
315 *here, to see how I'm doing...to know. And people feel good when*
316 *I treat them. I think I'm learning more and more this year. I*
317 *need to go home as well to learn more, take more (ayahuasca)*
318 *and diet on herbs. Jenny¹⁵ has also told me to go to the forest to*
319 *diet for 15 days. Jenny wants to take me there to teach me. She*
320 *is with Jesús (a mestizo shaman) and she is learning. She tells*
321 *me to go to the forest for 15 days and it is better to diet there,*
322 *and to become more shaman.*
323 *And I'm doing more for the people now. Before I only did*
324 *massages, now I sing more and more. My (female) friends in*
325 *Lima don't want me to leave because I'm working well. They*
326 *say to me:*
327 *– What do you need here? You don't need anything, you work*
328 *well with your handicraft, you work with massages, you work*
329 *with broidery...*
330 *And that's what I'm doing here. And while I'm here I have to see*
331 *how I'm going to build my house. I want to build me a house*
332 *near the chacra with a botanical garden for myself. I already*

¹⁵ Jenny is an English young woman who used to work within an NGO in the village and who has been trained with *ayahuasca* by her husband, Jesús, who is a mestizo shaman.

333 have the ayahuasca, it's already big. I have to sow, I have to
334 cultivate. I'm thinking of progressing. If God gives me life I have
335 to progress in these things and treat people. That's how I'm
336 doing here in Lima.

337 M: Who are your patients?

338 H: Most of my patients are women who are ill, who have pains
339 in their feet, their arms, their heads. Sometimes they come with
340 dizziness in their heads. Others come wanting to have babies.
341 The treatment to have babies is very long. Cold has entered and
342 we need to make vapours to give medicines that are hot with
343 honey, ojé, and other herbs. It's a lot of work to get babies.
344 Others come because they have got a cold in their bodies. There
345 are a lot of those patients. I have to make vapours and herbs to
346 drink. I give treatments with that and also massages with black
347 boa-fat on their feet, hands and necks. The women leave
348 satisfied. Their pains stop. That's how I'm doing treatments
349 here. I also sing songs for susto, songs for the dizziness of the
350 mal aire. One has to stop it with songs and I'm doing those little
351 jobs here.

352 M: And how did it happen that you appeared on television?

353 H: Ah...(laughter). The people from the television came for my
354 brother Juan. He has a friend who works at the television. He
355 brought her to me so that I would massage her knee, which I did
356 and she got well. I gave massage twice to the young lady who
357 had problems with her knee. And I didn't know she was a
358 reporter. I treated her well and she was very happy when she
359 left. After that she asked my brother Juan if she could film me
360 because I'm a good masajera, to let other people who might
361 want it see and come. I appeared on the television and that day
362 more than a hundred people, men and women, came. During
363 two days we worked a lot. A lot of people. We couldn't even eat.
364 We worked all day long and people came from ten in the
365 morning till ten in the evening. And the whole night we treated
366 the people who were most seriously ill, taking ayahuasca and
367 singing. Others wanted to take ayahuasca and so they did. They
368 saw beautiful visions and they left happy. They saw, they cried,
369 seeing their dead mother, their dead sister. And we let them see.
370 We don't want to fool the people and we charge comfortable
371 prices. The clients still look me up and come. Sometimes two,
372 three, five people come. Now they didn't come because I've been
373 taking my mother to the hospital. When they came I wasn't
374 here, but now I am. I will stay here to give treatments. That's
375 how I'm working.

376 M: If people who only want to do ayahuasca sessions come, do
377 you do it?

378 *H: When they want ayahuasca sessions we can do it from nine*
379 *o'clock in the evening till five o'clock in the morning. We don't*
380 *sleep because we have to cure the whole night. That's how we*
381 *have to cure the ill, with pure songs. First of all one has to take*
382 *away the evil in the body. After that one has to place the good*
383 *songs in their bodies so that they cure. That's the ayahuasca*
384 *ceremony.*
385 *M: But if someone isn't sick and only wants to take ayahuasca?*
386 *H: When they are not sick they want to see their ayahuasca*
387 *visions. When they take ayahuasca they see. I let them drink it to*
388 *make them see and not to say that I'm lying. We have to let them*
389 *see. We are doing this here.*
390 *M: When you were in San Francisco you said that the most*
391 *important thing to do was to cure people who can't pay, for*
392 *example small children. But here in Lima, what kind of people*
393 *do you treat? Do you think they are people who have money or*
394 *those who haven't?*
395 *H: Some come with money, others don't. It depends on them.*
396 *Sometimes they say:*
397 *– I don't have any money, señora.*
398 *But one has to accept when they don't have any money. If they*
399 *want to be cured, why shouldn't we help them? If we are*
400 *working with God, with the Spirit, we have to help and later on*
401 *others will pay, others who come with money. We are receiving.*
402 *Even though they don't have any money we have to help them*
403 *because they want to be cured. Others who can pay might come.*
404 *That's why we have to help when they don't have money. How*
405 *much money have they spent at the hospital? They say:*
406 *– Señora, cure me, please, I don't have any money but cure me*
407 *and we'll see later.*
408 *One has to help. I don't want to say; No, I don't want to cure*
409 *you. Because if we are with God we have to help. That's how I*
410 *think. I have to help a person even though he might have money*
411 *and fooling me, because it's my work in order to reach my*
412 *glory. This is my work that I have to think about and do. That's*
413 *all I'm thinking.*
414 *M: When you came, Ricardo Vargas wasn't here, was he? Did*
415 *he come to work here with you?*
416 *H: He was walking around (in San Francisco) alone, drunk and*
417 *wasn't able to find any money. Since a lot of people who want a*
418 *shaman look me up I brought him here to accompany me and to*
419 *teach me more. Because I might need to learn more. He is happy*
420 *here with me. He is working and has gone to get some more*
421 *ayahuasca (in San Francisco) to cure people with. And we are*
422 *both happy. I'm working well with him. And when he gets some*
423 *money, we share it and when I don't have any he gives me some.*

424 *In one night we sometimes cure five or six people and we share*
425 *what they pay us. That's for him and that's for me. That's how*
426 *we are working, united.*
427 *M: How do you call yourself now, masajera or shaman?*
428 *H: Still masajera because (laughter) I haven't cured enough sick*
429 *yet. I'm a masajera who wants to become a shaman. I'm still*
430 *studying.*
431 *M: When do you think you will be able to call yourself a female*
432 *shaman?*
433 *H: Maybe this year because I'm more in practice now. Now I'm*
434 *practicing more and more and I will become a shaman. Sick*
435 *people come because I'm treating on my own now to see if they*
436 *get well or not. That's why I can become a shaman because I'm*
437 *already treating sick people and they get cured. Sometimes they*
438 *ask for me. Even though we don't charge much, we are working*
439 *and helping. That's how I'm working here in Lima.*

The body parts and their knowledge

In Herlinda's explanations of how she learned to cure, her hands play a central role; she has 'rings' on her fingers and she treated the hands with menthol-oil when she wanted to learn curing knowledge. When Herlinda suspected that she had been a victim of sorcery, it was her hands that hurt and made her work impossible. These pains were treated by steaming the hands with vapour from medicinal plants (205-206), by not giving massage to people (172-173) and with diets (*sama*) consisting in not eating certain things. Why Herlinda focuses on her hands when it comes to curing knowledge, could simply be explained by her use of them in the massage. However, hands do not merely play the role of tools among the Shipibo-Conibo, but are perceived as a locus of curing knowledge itself.

The Shipibo-Conibo and other Pano speaking groups such as the Cashinahua, the Sharanahua and the Yaminahua all entertain the idea that different parts of the body hold different kinds of knowledge. Assuming that certain similarities exist between the Cashinahua

and the Shipibo-Conibo, a comparison with what Kensinger (1995:237-246) writes in this regard, could be fruitful. Skin knowledge, *bichi una*, has, for example, to do with the knowledge of the natural world because one learns about things like the sun, wind, water and rain through the sensations they produce on the surface of the body. Social knowledge is gained through the ears where it resides and it is therefore called *pabiki una*, ear knowledge. *Taka una*, liver knowledge, is the knowledge of emotions; a person who is generous, pleasant and happy is said to have a sweet liver, whereas a person who always is pessimistic is one with a bitter liver and it is believed that his or her liver only knows a little. Furthermore, the knowledge of mortality and immortality is said to reside in the genitals.

Kensinger (1995:240) notes that when a woman transforms raw cotton into thread she uses hand knowledge, *meken una*, and people say that her hands know. All physical skills in which the hands play a primary part require this kind of knowledge. When Herlinda says that her “hands did not know” (11), she could be referring to the lack of a similar kind of knowledge. Through treatment and practice her hands eventually learned. Looking back in time from Herlinda’s present situation and remembering that the shamans said that she had ‘rings’ on her fingers, she wonders if she, as a child, already had the knowledge she was looking for.

The conception of light around a person’s fingers forming the shape of rings, can be associated with the idea of *nete*. According to the Shipibo-Conibo every living being has a thin hull of light around itself. This luminous hull or aura of plants and animals is always called *nihue* and has specifically identified individual qualities, such as colour, smell, consistency and so forth. In the case of humans the aura is referred to by two terms, *nete* and *shinan*. Although these terms are

used interchangeably, each has its own specific meaning. *Nete* refers to the aura's shining quality and is influenced or coloured by the properties of substances and beings that its bearer approaches or contacts through touching, inhaling or ingesting. By limiting, controlling and balancing the amount of alien essences in a human body, for example through diets, a state of equilibrium or health can be reached (Illius 1992:64). Illness may thus be a sign of a lack of equilibrium between a human body and the alien essences or agents that interact with that body, which is articulated in that person's *nete*. *Shinan*, on the other hand, means 'thought', 'reason', 'idea' or 'will'. It could be described as a vital force that has to do with a human's physical as well as mental power. When a person is healthy and strong the *shinan* culminates in a crown of *nete* (light) around the person's head. The larger and brighter the 'crown', the more *shinan* a person has (Ibid). In the same manner one could possibly say that the larger the 'rings' on a person's fingers, the more vital force a person has on his or her hands. One sign of a person's lack of *shinan* is when s/he feels unmotivated to do things and would rather prefer staying in bed. A large amount of *shinan*, on the other hand, makes a person feel strong-willed. Herlinda describes herself as such a person and says that she has the will to help others. During the periods when she had problems with her hands caused by sorcery she said that she was worried not only because her hands hurt, but also because she felt weak and sad. The sorcery had thus also affected her *shinan*.

Another kind of knowledge that is of interest for the argument of this thesis has to do with the eye spirit¹⁶,

¹⁶ I have chosen to call it 'spirit' and not 'soul' because although it is attached to the body like it is suggested in the Christian idea where body and soul are connected, the *bero yoshin* may also leave the body temporarily while the person is alive.

bero yoshin. According to the Shipibo-Conibo, as well as the Cashinahua, a person has several different spirits and one of them is the eye spirit. As the name indicates, it dwells in a person's eyes but leaves the body during dreaming and other psychoactive experiences. This kind of experience gives a person eye knowledge, *bero una*. It is said that it is only with eye knowledge that one can truly and fully see persons or objects in both their physical and spiritual dimensions. That eye knowledge is increased during the influence of *ayahuasca*, explains the use of the beverage as a tool for making diagnosis and Herlinda's expression "to see the child through *ayahuasca*" (94-95) describes this practice.¹⁷ What is seen during the *ayahuasca* sessions is for example the patient's *nete* and *shinan*.

According to McCallum (1996:7, 11) eye knowledge is considered to be a masculine form of knowledge among the Cashinahua of Brazil. This association could have to do with the idea that person's who use *ayahuasca*, which most often are male shamans, are the ones looked upon as having most eye knowledge. However, another activity that requires eye knowledge, besides shamanism, is the making of geometric patterns, *quené*, on handicraft, which is of great importance to the Cashinahua as well as to the Shipibo-Conibo. The Shipibo-Conibo affirm that 200 years ago all objects used by themselves as well as their bodies used to be painted with *quené* (Illius 1994a:189, Gebhart-Sayer 1985:143). It is almost exclusively women among both Cashinahua and Shipibo-Conibo who do this work,

Furthermore, the term '*yoshin*' is used when talking about other cosmological beings who do not have bodies in a physical sense, which suggests that the Shipibo-Conibo use this concept in a way that reminds of the idea of spirits rather than souls.

¹⁷ The most powerful shamans may see the spiritual dimension of people without the use of psychoactive beverages (Cárdenas 1989:178, Reátegui 1990:106).

which makes it difficult to understand why eye knowledge is considered especially masculine. The condition that patterns in the past could be learned from the shamans seems, however, to support this assumption. The shamans used to perform special *ayahuasca* sessions in order to give patterns to women who were active in the painting of *quené* (Illius 1994a:190, Gebhart-Sayer 1985:159). During these *ayahuasca* sessions the shamans met beings that are the *madre/maestro* of the *quené* as, for example, the humming-bird, the *ayahuasca*, and the large boa that is said to have all patterns on its skin. The shamans either painted the patterns given to them by the *madre/maestro* on a piece of bark while being under the influence of the *ayahuasca* or the spirits taught them the patterns by singing them.¹⁸ It was not the text but the melody of a song that gave information about how the lines would be painted and these were memorised by the shamans in order to be shared with the women after the session.¹⁹

One interpretation of the process of learning that Herlinda is going through could be that she, as a *masajera*, has been focusing on her hands and their

¹⁸ The patterns and the songs are thus interconnected in a relationship that could be compared with the one between a note system and tones.

¹⁹ The practice of transforming patterns into melodies and vice versa was also used for didactic purposes between a teacher and her student and when two or several women collaborated on the painting of a larger ceramic pot (up to 1, 5 m high). They would sit on different sides of it and paint according to a melody they had agreed on. This method is called 'the meeting of the spirits' (Illius 1994a:193). The collaboration between women and shamans for the purpose of making *quené* was neither mentioned nor practised in my presence during fieldwork though, which makes me doubt that it is still done – at least not in the area where I was. However, the connection between songs and patterns is mentioned even to this day and some women, including Herlinda, claim that they know how to sing them.

knowledge, whereas Shipibo-Conibo shamanism emphasises eye knowledge. From this perspective Herlinda's present situation could be that she already has much hand knowledge and that she is gaining more and more eye knowledge through her experience with *ayahuasca*, since it discloses additional spiritual dimensions of reality. In the third interview Herlinda says that she has started to use songs in her curing (316-317, 335-336, 358) which also supports this interpretation. In Shipibo-Conibo curing shamans 'mark' individuals with body designs (*yora quené*) that are spiritually projected onto the patient's body through singing. The body patterns of a person may break or disappear in cases of illness or sorcery and may need to be restored by a shaman. Once restored they remain with the patient, unless new illness or sorcery is experienced and it stays with the individual even after death to help identify his or her spirit as a Shipibo-Conibo in the other world (Gebhart-Sayer 1985:164-167).

To touch another person and to overcome illness and death

Treating people who are ill implies participating in difficult situations of life or death. In the first interview with Herlinda, she describes several times how scared she had been that her patients would die. By having touched another person's body she became, in a way, responsible for that person's health and possible death (54, 68-69). Herlinda did not give treatments unless she had been asked to do it (261-262) and, unless the patient had become better after she had done it, she would not give a second treatment. This is for example shown in her requirement that only if the person is better the next day, can s/he come back for further treatment (64, 127-128). If the person's health had not improved the patient would have to seek help from

someone else. During my first period in the field Herlinda said that she would only give a person three treatments. If the patient did not get better she would tell him or her to go to a shaman. On my second field period she was giving each patient up to four massages before giving up. This is probably a sign of increased self-confidence in her work as *masajera*.

In the second interview another reason for why Herlinda did not touch a person who was not getting better is indicated. She says that if it is not possible to understand the reason for a person's illness, one should not touch his or her body because that could be harmful to oneself (262-264). In other words, Herlinda avoids physical contact in some occasions not only for the sake of the patient, but also for her own. If a patient is not recovering after a treatment, it is seen as an indication of that the reason for the illness has not been properly understood by Herlinda and that the treatment furthermore should be interrupted. Herlinda's manner of describing her cases in the three interviews could be seen as a way of telling about the seriousness of the illnesses that she has treated. Indirectly this says something about her ability to cure other people. Among the illnesses that Herlinda has been able to cure are *mal aire* and *susto*, which are considered illnesses that require a shaman's help (Cárdenas 1989:244). *Susto* is explained as the loss of the spirit of a person as a consequence of a violent impression (Ibid:241-266)²⁰ and *mal aire* (*matsi nihue* in Shipibo which means 'bad wind') is explained as the entrance of a 'wind' into the body of a person with the purpose of stealing the victim's spirit. Both *susto* and *mal aire* can be caused by different kinds of agents: plants, animals, dead people, *yobe* (sorcerer), the sun, rainbow, rain, etc. and the

²⁰ The most common symptoms of *susto* are vomits, diarrhoea, fever, swollen stomach, not wanting to work, fatigue, having sleeping problems and feeling weak.

symptoms depend on who or what caused it. Sometimes *mal aire* may leave the body of a patient through breaking wind (Illius 1992:69), as was described by Herlinda (63, 120).

The risk that the patient dies was stressed in many of the cases Herlinda describes. In one of them the worry was expressed by the patient himself (57) while in the others it was the people around the patient who believed that the patient would not recover (106, 112, 254). In one case Herlinda says that the woman “wanted to die” (267). According to Siskind (1973:149, 155) such statements are heard among the Sharanahua as well and are a part of a larger notion about the seriousness of the illness. Following Siskind, the Sharanahua consider all illnesses to be curable with medicinal plants or penicillin injections, as long as the person does not ‘want to die’. The one being ill shows a death wish by refusing to eat and by staying inside the mosquito net unwilling to work or move. In those cases only a shaman is said to be able to save the person. However, in spite of not being a shaman, Herlinda managed to cure the patient who wanted to die.

As has been mentioned, according to the Shipibo-Conibo every person has a *bero yoshin*, ‘eye spirit’. When you look a person in the eye, you can see it. It has also been described as the little figures in the eyes of a person and according to Bertrand-Rousseau (1986:103) this refers to the image of a person that is reflected in the eyes of others. This spirit is believed to accompany a person during the whole life but may leave the body temporarily when one dreams, becomes unconscious, drunk or uses psychoactive beverages. The little figures leave by disappearing upward (Bertrand-Rousseau 1986:103) and death occurs when they permanently leave the pupils of the eyes making them white (Kensinger 1995:209, 232, Gebhart-Sayer 1985:150). This conception may explain why Herlinda described

the baby's eyes as 'being up' (99), which would mean that the child was practically dead before she managed to cure him.

For free or by charge

In Herlinda's eyes the most unprivileged of all her patients are the Shipibo-Conibo because of their economic situation. Since she is one of them and knows how it is to have children who are ill and not being able to pay for the needed help, she treats Shipibo-Conibo for free (161-163, 176-177). She says that when Shipibo-Conibo are ill they do not have any money and the worse they have it in their kitchen, without soap and sugar, the sicker they get (144-145).

Herlinda's opinion that the shamans in San Francisco are not acting morally correct when charging for treatments, was clearly expressed several times. She talks about a difference between the shamans in her village and the ones in communities further away from Pucallpa. Her opinion is that the shamans in other villages are less interested in earning money, more willing to help and usually also more powerful than the ones in San Francisco.²¹ As far as I could tell, for Herlinda, the relation between charging a fee and morality had partly to do with the patient's economic situation and partly with whom it was that took the initiative to bring money into the curing situation.

²¹ Gow (1997:96) says that there is the strong ideological assumption among the shamans in Pucallpa that 'forest Indians' are the ultimate source of shamanistic knowledge and that any powers acquired directly from them are of particular value. At the same time, Gow argues, the people in other parts of the Amazon who could be looked upon as 'forest Indians', do not look at themselves as having particularly powerful shamans in their villages. Instead they consider the cities of Pucallpa and Iquitos to be the source of 'real' shamanistic knowledge.

Receiving gifts from patients did not seem problematic to Herlinda since that was how “the shamans used to do in the past and still do in other villages”. She could, however, advise a Shipibo-Conibo patient to buy medicine for the money that was intended as a gift to her. *Asking* for money was problematic on the other hand. One reason for this could be that by using medical treatments as commodities they become included in a monetary system where some parts of the population are unprivileged, for example the Shipibo-Conibo. In that sense, health as a commodity is not available for everyone. In Herlinda’s eyes to be a person who knows how to cure illnesses, automatically implies a responsibility to help people who are ill (142, 378) and as Herlinda’s opinion is that poverty is part of the cause as well as the outcome of people’s unhealth, a shaman who charges for treatments is in a way reproducing that system.

Herlinda’s criticism is directed towards other actors within the health care system as well. Herlinda does not see the behaviour of the San Francisco shamans as different from the behaviour of the personnel of neither the health post in the community nor the hospitals in Yarinacocha, Pucallpa and Lima. They all work for a salary and she finds it peculiar that they earn money even if their work does not produce good results. In the case of the shamans, she says that most of them charge first and then treat (3-4, 142-143), and the health post personnel can be there during a whole day without giving a single treatment, and still get paid. As was mentioned in the introduction, when seeking help at the hospitals the feeling of discrimination is generally strong among the Shipibo-Conibo. Herlinda says that the personnel see when a person is a Shipibo-Conibo and as they know that indigenous persons usually do not have much money, they can be left waiting for a long time and be the last to see a doctor. Herlinda’s interest and dedication to the curing of patients can

therefore be seen as a reaction to a health care system that is not good in her opinion. This motivates her to take care of her patients quickly when they have come to her and to abstain from charging them for the help (147).

A redistributing God

Herlinda's first patients were her closest family members, neighbours and friends, but with her journeys to Pucallpa, Tingo María and Lima her clientele has come to include mestizos and foreigners as well. Today her patients belong to all kinds of groups and classes from her own children and the poorest Shipibo-Conibo, to wives of ministers and Western tourists. She says that she likes to make friends with all kinds of people (237).

I was not able to follow Herlinda's work in Lima as close as I had done in San Francisco. Through conversations with her brother I was, however, able to understand that she was earning much money. Compared to other 'alternative' medical treatments practiced in Lima, she was probably, as she says, charging comfortable prices (351). Nevertheless, the money Herlinda earned covered for the expensive stay for herself and several family members who were living with her in Lima (and who were not working themselves, except for her son who worked some days now and then in constructions), their flights to and from Pucallpa and the expenses that the rest of the family in San Francisco had. Her mother's treatments at the hospital were also expensive and would most probably not have been possible if it had not been for the success of Herlinda's work.

Considering Herlinda's new economic conditions, one could ask whether Herlinda had changed her opinion that a specialist has an obligation to help and not ask

for economic compensation. Since Herlinda had changed the context of her work by going to Lima, it is difficult to compare her situation in the village and in the city. However, what had also changed was that she was suddenly giving treatments for free to people in Lima, whom she probably would have expected money from if she had met them in San Francisco. She still believed she should help those who did not have any money, but the category that was believed to be the 'poor' had changed. Her patients in Lima did not belong to her own social group and not receiving money from them was not explained any more by her identification with them. Instead she was saying that she had to help even if she would not get paid because she is working with God and because this is her work (371-373, 378-381).

Not to charge for medical treatments was, however, not necessarily equivalent to not gaining any money at all, if looking from Herlinda's perspective. Even if Herlinda sometimes did not get any economic compensation for her work, she believed that God would pay her back in another way (79-80). One of these ways was through people buying her handicrafts (165-166). With the increasing interaction with non-Shipibo-Conibo in Lima the possibility for Herlinda to earn money by giving treatments to mestizos and foreigners had increased. In that context I could see that Herlinda in a way expected a person who had money to pay for her work, not directly but by buying some of her handicrafts, which is always expected from a foreigner. Many of the non-Shipibo-Conibo patients she had were encountered when selling handicraft, which means that Herlinda met them in a situation where earning money is part of the setting. Shipibo-Conibo women often ask people to buy their handicrafts because they need the money to get medicine or school material for their children. In the same manner Herlinda could tell mestizos or foreigners not to pay for the treatment she had just given them,

but to buy some of her handicraft instead. From this perspective the treatment that she gives Shipibo-Conibo patients for free, the treatment she gives people who have money but do not pay and the money she earns by giving treatments and selling handicrafts to mestizos and foreigners are interconnected in an economic circle with God as the joining link. By relying on God's ability to redistribute income, Herlinda was able to leave money out of the curing situation if the patient did not offer any and act morally correct according to her standards. She did not need to become involved personally in the reproduction of economic injustice since the handicraft to be sold was exclusively aimed for groups that are categorically considered wealthier than the Shipibo-Conibo. Indirectly this leads her to serve as a redistributing agent herself by receiving money from those who have and giving help for free to those who do not have.

Conclusions

The first objective of this article was to explore where curing knowledge may come from according to the Shipibo-Conibo in the Peruvian Amazon and to understand how a specialist, such as Herlinda, may relate to this kind of knowledge. My conclusion to this question is that Herlinda has several parallel explanations to how she learned the things she knows about health and illness. Her mother used to put tiger fat on her whole body, including her hands, when she was a baby. Furthermore, Herlinda is said to be born with 'rings' on her fingers, which means that she has the ability to cure other people through the work of her hands. This conception was analysed and a possible interpretation is that it has to do with how the body parts are perceived as bearers of knowledge among the Shipibo-Conibo. The hands symbolize the knowledge that is needed in order to perform physical skills. Even

though the knowledge to cure was inborn to some extent in Herlinda's case, it may increase and decrease depending on different circumstances. It is possible to learn through practice, which leads to an accumulation of knowledge on a person's hands and it is also possible to learn by treating the hands with the vapour of medicinal plants. The plants' *madre/maestro*, which is the active agent of the medicinal plant, would then give knowledge to the person through spiritual means. In a similar manner it is possible to decrease the knowledge of a person's hands through sorcery. In Herlinda's case her hands hurt for some periods as a consequence of the sorcery from jealous shamans, which made her work impossible. This problem was solved through steaming the hands and going through a diet (*sama cushi*) that would give Herlinda her knowledge back.

Another explanation given by Herlinda to how she got her knowledge is that she went through some parts of the training to become a shaman while being very young. She was experiencing a difficult illness and had to go through several treatments that are similar to the ones shaman's apprentices have to undergo. At that point in life she was not seeking curing knowledge actively but may have received it anyway. Many years later she made the decision to learn in order to cure her sick child and prayed to God that he would help her. God had thus also a role in the process of acquiring curing knowledge. During my fieldwork periods Herlinda searched for more knowledge through practice, diets, *ayahuasca* sessions and by steaming her hands with the vapours of medicinal plants.

Herlinda has managed to cure many people. Among the illnesses she has treated are those that are said to require a shaman's help. At the same time she is conscious about the limits of her own knowledge and would not continue treating a patient who is not recovering. In those cases she recommends the patient

to go to a shaman. The limit of her curing knowledge is partly explained in physical terms when Herlinda says that one should not touch the body of a person who is ill unless one understands the illness s/he is suffering from. Physical contact could be harmful both for the patient as well as for the curer. By entering into contact physically it is, however, also said that one becomes part of that person's spiritual as well as emotional condition. This is articulated through conceptions of *nete* and *shinan*. *Shinan* is described as a vital force that has to do with a human's physical as well as mental power. When a person is healthy and strong the *shinan* is expressed through *nete* (light) around the person's body. Substances and beings that its bearer approaches or contacts through touching, inhaling or ingesting influence *nete* and indirectly also *shinan*. Only shamans or persons who use the psychoactive *ayahuasca* are able to see the light, which has to do with the amount of eye knowledge a person has. Through dreaming and using *ayahuasca* it is possible to accumulate eye knowledge, which is important for diagnosing and treating serious illnesses. Herlinda has got a large amount of hand knowledge gained through the means described above and she is presently gaining more and more eye knowledge through her experiences with *ayahuasca*. Her ability to see how her own intervention with a patient's body would influence that person's as well as her own health will therefore increase.

The second part of the objective of this article had to do with the fact that poverty and discrimination are often mentioned when speaking about health and illness with the Shipibo-Conibo I met. Herlinda's opinion is that poverty is part of the cause as well as the outcome of people's unhealth, which is why a shaman should not, according to her, charge a patient. To have patients pay a fee would be to reproduce the injustice in belonging to a population that is unprivileged in economic terms within a health care system that uses medical

treatments as commodities. The article inquired into how Herlinda handles the social and economic aspects in her work as a specialist. My conclusion in this regard is that Herlinda is working according to a system of redistribution where God functions as a joining link. By relying on God's ability to redistribute income, Herlinda is furthermore able to leave money out of the curing situation and act morally correct according to her standards. When working in her own village she does not charge Shipibo-Conibo patients unless they actively offer her something. Herlinda says that she wants to help because she knows how it is to be ill or have children who are ill and have nothing. Her own empathy and solidarity with her fellow villagers and knowledge about the economic situation experienced by many Shipibo-Conibo motivates her to work for free.

When working with mestizos and foreigners her attitude is a bit different. She does not ask for economic compensation for the treatments but expects the patients to buy handicraft from her. Some of them do and others do not. In the cases when they do not buy she believes that God will pay her back in another way. Selling handicraft to people who are not her patients is one of these ways. Herlinda believes that she has to help if she knows how to do it. She feels a moral obligation, which indirectly leads her to serve as a redistributing agent herself. In this sense Herlinda is trying to work in contrast to how she experiences that the rest of the health care system is working. Being a Shipibo-Conibo is associated with poverty when seeking medical help at hospitals, which often creates a feeling of discrimination. Herlinda, on the other hand, is positively discriminating Shipibo-Conibo and expects others, such as mestizos and foreigners who are believed to be categorically wealthier, to pay at least indirectly through buying her handicraft. Herlinda is thereby turning the table around.

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